New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

May-June 1986

Liaison program eases the wait for families of surgical patients

"By providing basic information . . . the liaison can reduce some of the stress families undergo." — Anne Hunt, R.N.

Time passes slowly when one is waiting, and never so slowly as when waiting for news of a family member who is having surgery. With no way to find out how an operation is proceeding or how a loved one is doing, it is easy to imagine the worst. The surgical liaison program — a new service offered by the surgical services division of the Department of Nursing, in conjunction with the Department of Volunteer Services — is addressing the need for support and information during this stressful time.

"In the past there was no way for families to receive updates during or after the surgery," says Anne Hunt, R.N., coordinator of the Recovery Room. "Information was not available until the surgeon came to speak with them afterwards. If the doctor couldn't find the family — perhaps because they went out to get something to eat — they often had no other source of news."

Under the new program, the Farr lobby is being used as the surgical family waiting area. This allows the patient's physician — as well as chaplains, social workers, and other support personnel — to know where the family will be. A surgical liaison nurse greets family members when they arrive, visits the Operating Room office and Recovery Room every hour to check on each patient's status, and reports back to the families. Family members who do not wait at the hospital can reach the liaison through the page operator.

Surgical liaison nurse volunteer Ann Borek (second from right) updates family members on the status of a patient in surgery.

"By providing basic information on where the patient is and what is happening now, the liaison can reduce some of the stress families undergo," Hunt says. "Although detailed reports

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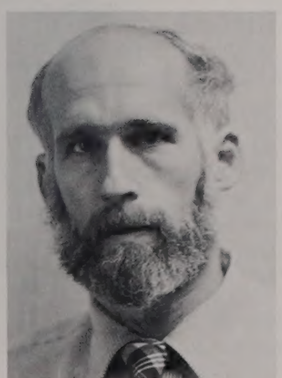
Groopman heads combined hematology/oncology section



Jerome Groopman, M.D.

Jerome E. Groopman, M.D., has been named chief of hematology/oncology in the Department of Medicine. He had been acting chief of the combined section since it was formed in March 1985.

"Combining departments of hematology and oncology is a trend throughout the country," Groopman says. "There is a significant overlap between the disciplines. Many hematologists are getting trained in oncology, and fellowship applicants are looking for combined programs."

The leader of the hospital's AIDS research and treatment program, Groopman also is interested in the growth of bone marrow stem cells — from which blood cells develop — and therapy for melanoma and renal carcinoma using naturally occurring tumor-fighting substances like interferon and interleukin.

"Within the section we're going to combine our clinical expertise with our growing efforts in basic research to establish comprehensive treatment programs," Groopman says. "We'll be working closely with Glenn Steele and the surgical oncology group, and expect increased interaction with other Harvard hospitals in the Longwood area."

Groopman is a graduate of Columbia University and Columbia College of Physicians and Surgeons. He was a resident at Massachusetts General Hospital, a clinical fellow in medicine at Harvard Medical School, a hematology/oncology fellow at the University of California at Los Angeles (UCLA), and a research fellow at Dana Farber Cancer Institute and The Children's Hospital. He was on the staff at the UCLA Medical Center — where he directed the Kaposi's Sarcoma/AIDS clinic — before joining the NEDH staff in 1983.

Currently Groopman is an assistant professor of Medicine at Harvard Medical School. He is on the editorial board of *Blood* (the journal of the American Society of Hematology) and the scientific program committee of the American Society of Clinical Oncology, is a member of the governor's AIDS Advisory Committee, and is a consultant on AIDS to the U.S. Centers for Disease Control and the National Cancer Institute.

Vascular services brought together on Farr 9

"This new unit will . . . allow us to expand the types of care we can provide."
— Gary Gibbons, M.D.

Treatment of patients with vascular disease — disease affecting the veins and arteries of the circulatory system — is a major effort at the Deaconess. Now all the components of that effort have been brought together in a new vascular cluster unit on Farr 9.

Established as part of the hospital's continuing effort to improve the efficiency of patient care, Farr 9 will combine the hospital's strengths in medicine, surgery, nursing, podiatry, and physical therapy to offer the best possible care for patients with vascular problems resulting from diabetes, atherosclerosis, or other diseases.

"Many of our patients have been referred to us from other hospitals because previous treatment of their vascular disease or limb problem has failed," says Gary W. Gibbons, M.D., vascular surgeon. "They may come here in a last attempt to save a limb that is losing its blood supply."

Previously, vascular patients were scattered throughout the regular medical/surgical floors. Care by staff nurses was supplemented by special dressing nurses who made rounds with the vascular surgeons. The special dressing nurses were experts in the care of patients with diabetic foot problems, which are caused both by vascular disease and by neuropathy — a deterioration of the nerves that can cause loss of sensation.

Jane Frasca, R.N., formerly special dressing team leader, is teaching procedures for vascular patient care to Farr 9 staff nurses. "Special knowledge and techniques are essential to caring for patients with vascular problems. For example, a patient may have had an arterial graft to restore circulation to the foot. If a dressing is applied too tightly it could close off the graft, undoing all the benefits of the surgery."

As part of their training, Farr 9 nurses are receiving an in-depth review of anatomy and circulation, learning to assess blood supply, and attending formal classes in special dressing techniques. Each is spending a day in the operating room, observing vascular procedures.

"We're just in the initial stages of the program," says head nurse Linda Denekamp, R.N. "We're going to begin group patient teaching and support groups, and eventually will have rehabilitation and placement services. Right now, we're still learning."

"The Deaconess — along with Joslin Diabetes Center — has been known for years for its expertise in diabetic limb care," says Gibbons. "This new unit will continue that experience and allow us to expand the types of care we can provide. I don't think there's another unit in the country where so many skills are combined to approach these difficult problems."

Harvard festival benefits NEDH AIDS research

Singer Judy Collins, pianist Joan Kennedy, poet Allen Ginsburg, and theater artist Robert Wilson were among many artists and performers who contributed their talents to the Harvard-Radcliffe "Festival of Life," a week-long program raising funds for AIDS research and treatment at the Deaconess and for the Boston AIDS Action Committee.

Conceived by Harvard senior Stephen Gutwillig as a student project to raise money and awareness about the devastating disease, the festival grew to a series of 32 events coordinated by a committee of students, faculty, alumni, staff, and community members.

Collins and Kennedy were joined by actresses Colleen Dewhurst and Nancy Marchand, dancer Carmen de Lavallade, and other noted women for "Ovations," a kick-off program hosted by Jeanne Blake of Boston's WBZ-TV. In addition to benefit performances, the festival included a symposium chaired by Jerome Groopman, M.D., NEDH chief of hematology/oncology, and other educational programs.

To date, the festival has raised more than $16,000, which will be divided evenly between NEDH and the AIDS Action Committee.

Singer Judy Collins speaks at a news conference before benefit performance for the Harvard Festival of Life.

Bothe named president-elect of ASPEN

Albert Bothe Jr., M.D., associate chairman of the Department of Surgery, was named president-elect of the American Society for Parenteral and Enteral Nutrition (ASPEN) at the society's recent annual meeting. He will assume office at the organization's 1987 annual meeting. ASPEN consists of 4,500 physicians, dietitians, pharmacists, and nurses involved in the delivery of nutrition support to patients in hospital and outpatient settings.

A member of the society since 1977, Bothe says, "Nutritional biochemistry has been one of my primary academic and training interests, and ASPEN is involved with the clinical application of those scientific concerns. The organization currently is working in a variety of areas to increase awareness of nutritional deficits in hospitalized patients, improve nutritional support delivery, increase the availability of outpatient services, and represent clinicians and patients in dealing with issues of reimbursement for nutritional services.

"For example, there is no appropriate DRG severity classification for a patient who enters the hospital with malnutrition related to another condition, such as cancer or inflammatory bowel disease. The reimbursement for such a patient at the Deaconess would be based on the primary disease alone and would not acknowledge the intensive, prolonged care provided by our Nutrition Support Service," says Bothe. "ASPEN is trying to change this situation by working with various agencies and with groups in Washington that oversee the DRG system."

Bothe is a graduate of Johns Hopkins University and the Harvard Medical School. He completed his surgical residency and a surgical fellowship at the Deaconess as well as a fellowship in nutritional biochemistry and metabolism at Massachusetts Institute of Technology. He is the director of the NEDH surgical residency training program, associate director of the Nutrition Support Service, and an assistant professor of Surgery at Harvard Medical School.

Baker 5 MICU designed for patient comfort and privacy

"Traditionally, ICUs have been difficult, stressful places to be sick and to work. We're trying to decrease that difficulty as much as possible by creating a place where critically ill people — who may be there for several weeks — can be cared for in bright, cheerful surroundings," says Ronald Silvestri, M.D., medical director of the new, six-bed Medical Intensive Care Unit (MICU).

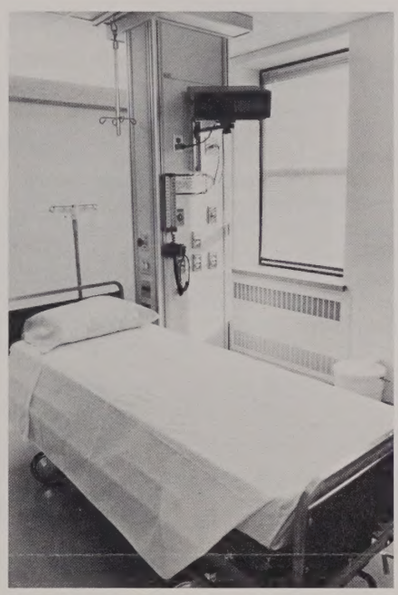
Patients with acute non-surgical illnesses will be cared for in the MICU, which opened on Baker 5 in March, while the Farr 6 Intensive Care Units are now devoted for surgical patients.

"The MICU was particularly designed to give patients and family members as much privacy as possible," says Deb Dickinson, R.N., MICU head nurse. "The rooms are quite large and there is a special room where the family can consult with the physician. The whole area has a spacious quality that is unusual in ICUs."

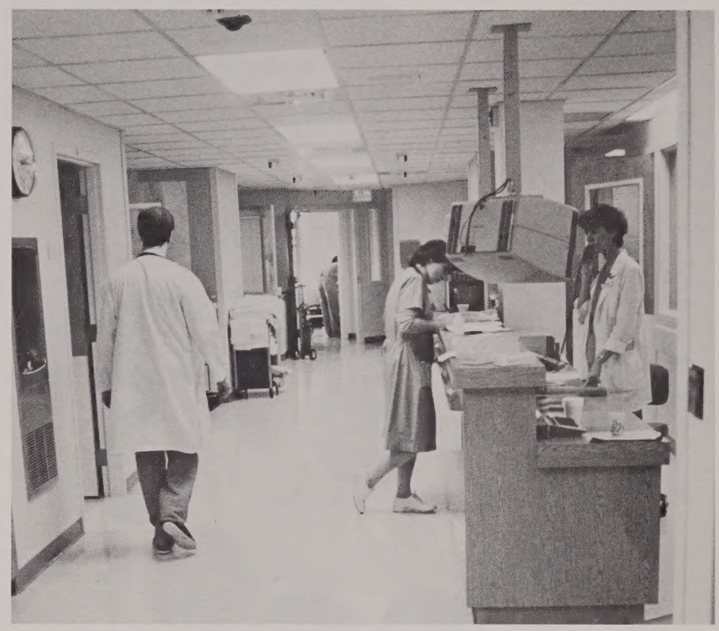
Elaine Sherwood, R.N., director of Nursing, Critical Care, says, "The MICU allows nurses who are particularly interested in caring for medical patients to specialize, which is a growing trend. However, even with the new unit there is still heavy demand for ICU beds. The need for critical care beds has grown in recent years, and I see that trend continuing in the future."

The MICU features six private rooms, each equipped with monitors that display patients' vital signs at both the bedside and the nursing station. Specially constructed wall units — designed for the Deaconess — include built-in toilets and hookups for dialysis machines. An isolation room for patients with infectious diseases includes a vestibule where staff and visitors can change into gowns, improving infection control.

Silvestri says, "During the 70s, a lot of emphasis was placed on the technology used to keep patients alive in ICUs. Although there was some improvement in patient survival, we discovered that just adding new pieces of equipment doesn't necessarily make the difference. We need to focus on the humanistic aspects of care in the ICU as much as anywhere else. The hospital made a wise decision in choosing to support this unit with enough space for all our activities."



All patient care equipment — including the bedside monitor, oxygen and suction, and an emergency button — is consolidated in the column at the head of each bed.



The centrally located nursing station is a few steps from any patient room.

Construction of the MICU was possible under a Determination of Need granted by the Department of Public Health (DPH) in July 1985. Recognizing the increased demand for critical care beds resulting from organ transplantation and other intensive procedures, the DPH approved the conversion of nine regular medical/surgical beds into intensive care beds. The additional three beds will be installed in the Farr 6 ICUs.

Historical highlights

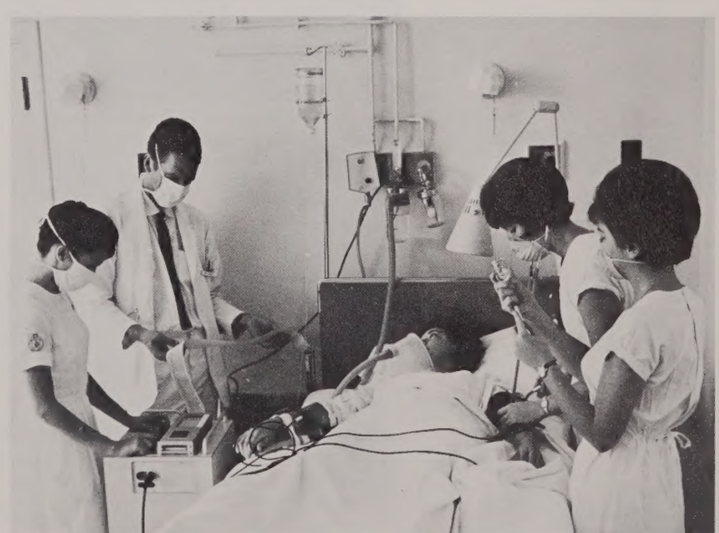
NEDH a pioneer in critical care

The Deaconess Special Care Unit, opened in 1956, was the first critical care nursing facility in Massachusetts. Located on Deaconess 3 South, the unit consisted of two separate wards for men and women. In addition to providing intensive, 24-hour nursing coverage, it actually reduced the cost of patient care by eliminating the need for private duty nurses.

The Special Care Unit was air conditioned — a rarity at the time — and boasted then-unusual features such as bedside oxygen, suction, and blood pressure equipment. Nurses took blood pressure readings every 15 minutes and constantly monitored fluid intake and output. Packs of surgical equipment were on hand to deal with emergencies.

A PULSE article from October 1956 noted that brain surgery patients were the largest group admitted to the unit during its first four months, followed by heart surgery patients.

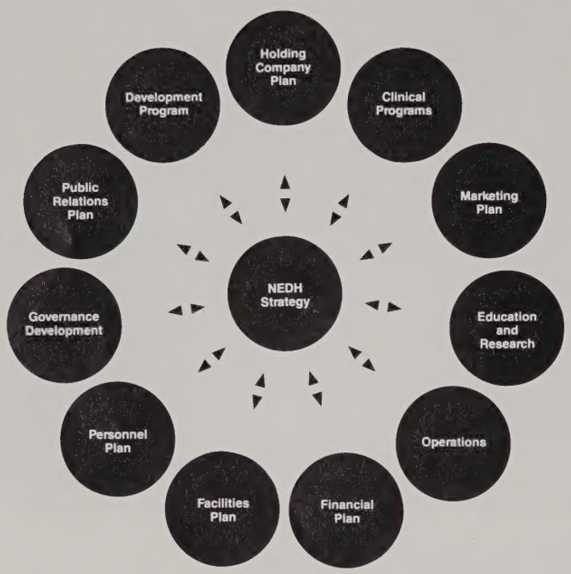
In 1956, Ellen Howland, R.N., director of Nursing, reviews the equipment in the new Special Care Unit with Klara Gove, R.N., assistant director of Nursing Service.



Deaconess staff closely monitors an SCU patient in 1965.

NEDH sets strategy to meet the future

The Deaconess — like hospitals everywhere — is facing greater challenges than ever before. The health care environment is changing radically: there is less demand for inpatient services and more emphasis on outpatient care; health maintenance organizations, representing thousands of patients, negotiate exclusive contracts with hospitals offering the most economical fees; Medicare DRGs and other regulations restrict patient care income; and competition has become a way of life.



The Deaconess strategy guides the plans and programs in every area of the organization, and the results from each area are evaluated for their contribution to the strategy.

To meet these challenges and continue to prosper, the Deaconess has established a strategic plan to carry the hospital into the future.

"Our strategy is basically a statement of what we are and what we want to be in the coming years," says Laurens MacLure, NEDH president. "The strategy 'drives' the hospital and controls the plans and programs of the individual departments."

Elements of the Deaconess strategy include reinforcing the hospital's identity as a specialty, teaching hospital, serving the Northeastern United States. Of major importance is maintaining the hospital's leadership in clinical "niches" — areas of specialization. These include the traditional areas of diabetes, cancer, cardiovascular disease, liver disease, neurosciences, and organ transplantation, as well as more recent additions such as infectious disease and pulmonary disease.

Other aspects of the strategy include orienting our services to the needs of the market; maintaining the Deaconess tradition of high-quality, compassionate care; and keeping the hospital financially viable.

To meet the goals stated in the strategy, departments devise their individual plans and programs. Clinical areas seek to improve existing services and offer new ones; hospital operations strive to balance efficiency with compassionate care; Marketing and External Resources look for new opportunities to generate referrals or support for the hospital.

The plans and programs are carried out by the day-to-day actions of everyone in the department. The results of these actions are constantly evaluated as to how they contribute to the strategy, and needed adjustments are made.

"The strategy is the point where the activities of each department are brought together into a coherent whole," MacLure says. "The concept may seem to relate only to the upper levels of management and administration, but carrying out the strategy relies on the daily contributions of everyone in the hospital."

This year's well-dressed bear sports a red and navy striped Deaconess necktie. The tie and mug — as well as cotton T-shirts and silk scarves in special 90th anniversary colors — are available in the Gift Shop.

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Jerome Groopman, M.D., chief of hematology/oncology, was interviewed regarding the costs of caring for AIDS patients for Channel 5's "Chronicle." He also discussed several AIDS-related issues for the Channel 4 evening news.
- Edward Mascioli, M.D., assistant director, Nutrition Support Service, spoke on the role of diet and nutrition in cancer prevention on Channel 38's "Journal."
- Richard Nesto, M.D., cardiologist, spoke on silent myocardial ischemia on several Boston radio stations.
- Charles Trey, M.D., chief of gastroenterology, discussed liver disease on radio stations WJIB and WEEI.
- Joseph Zibrak, M.D., pulmonary medicine, spoke on the relationship between air pollution and disease on Channel 4's early evening news.

Liaison

(continued from page 1)

on a patient's condition must come directly from the physician, the liaison's presence is a real comfort to the families."

Lorna Schroeder, R.N., primary surgical liaison nurse, says, "It's very important to let families know that it's normal for delays to occur in the schedule. With no one to tell them why things run late, they get very anxious."

Perhaps the liaison's most important job is being available to talk with family members, simply being there to help and support them. The liaison also can inform them of hospital facilities and services they can use.

Along with Schroeder, three volunteers — all retired nurses — currently serve as surgical liaisons, and two additional nurse volunteers are needed to complete the service.

One of the volunteers, Eileen Farrell, says, "I feel there is a tremendous need for this service. It really does allay the fears of family members who are waiting to find out what's happening upstairs. When we can say to them, 'I have seen your mother in the Recovery Room; she sends you her love,' that is often enough to set their minds at ease."

Employees celebrate at Service Awards Dinner

"We all have reason to be proud of the Deaconess's 'history of excellence,' " said Laurens MacLure, NEDH president, to those attending the annual service awards dinner in April. "That excellence is embodied by the dedication of tonight's award winners — and all of you here tonight — to the thousands of patients who come to the Deaconess every year."

More than 1,300 employees with five or more years of service to the hospital were eligible for this year's dinner. In keeping with the evening's 90th anniversary theme, Charles W. Schmidt, representing the board of trustees, spoke of the vision of the hospital's founders and how that vision has carried the hospital through its decades of growth. Schmidt also introduced the anniversary videotape, "A history of excellence, a future of promise."

Hospital director Richard E. Lee presented Awards of Merit to nine employees observing 25 or more years of service. Receiving awards were Muriel Bayne, R.N., Nursing, 40 years; Sam Marotta, hospital barber, 40 years; Jan Murch, Training, 35 years; Shirley Baldwin, R.N., Nursing (retired), 30 years; and Rita McKeeman, Pathology, 30 years. Honored for 25 years were Dean Annis, Administration; Brian Bernier, Cancer Research Institute; Barbara Hooker, R.N., School of Nursing; and Hubert Sycamore, Administration.

Hospital barber Sam Marotta accepts his Award of Merit for 40 years from Richard Lee, director.

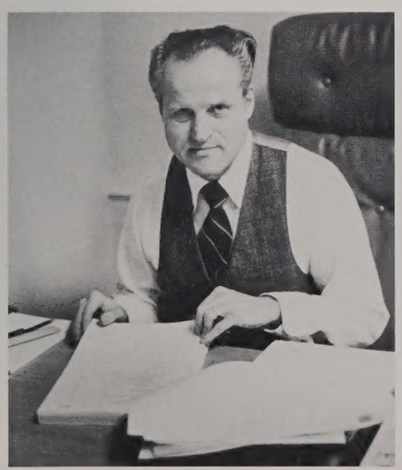
Three honored for 25 years of service

Among the employees recognized at the Service Awards Dinner in April were three who have spent 25 years serving the hospital in a variety of ways.

Dean Annis, assistant director, is responsible for internal audit and risk management. Both areas are concerned with protecting the hospital's assets — internal audit through monitoring hospital departments' compliance with policies and guidelines, and risk management by means of various types of insurance.

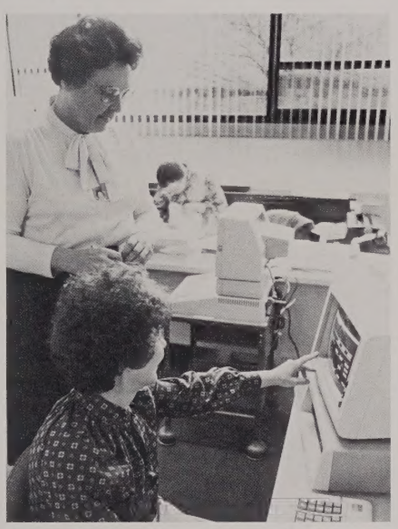
Annis began in the data processing area; served as assistant controller and controller, with overall responsibility for budgeting and reimbursement; and was named assistant director in 1974.

"Both of my areas involve dealing with outside influences," says Annis. "Internal audit is more important than ever because of restrictions in reimbursement under DRGs. The whole area of insurance, including malpractice, of course, is tightening up — some types of coverage aren't even available any more. But we've always had to deal with these influences. We've managed to survive because of good, sound management by people concerned with the hospital's primary mission — to take the best possible care of our patients."



Dean Annis, assistant director, oversees the internal audit and risk management functions.

Barbara Hooker, R.N., director of the School of Nursing, came to the Deaconess as a staff nurse in 1958 and joined the SON faculty in 1961. She became associate director of the school, in charge of its day-to-day operations, in 1980, and was named director in 1985.



Barbara Hooker, R.N., director of the School of Nursing (left), reviews financial aid statistics with Kathy Osmond, coordinator of admissions and financial aid.

"I've always been interested in education. I was on the faculty at the University of Connecticut before coming to the Deaconess. Now the first class that I taught is having its 25th reunion this fall; that's exciting," Hooker says.

"I believed that caring for patients should be the philosophy behind any school; and that's certainly been this school's objective. Patients are most concerned with the people they deal with in the hospital. No matter who they are — nurses, doctors, dietitians, or building service workers — if they listen to patients and show a willingness to help them, that will reinforce the hospital's image of caring. That philosophy continues to be the essence of patient care in this hospital."

Hugh Sycamore, assistant director, is responsible for plant operations, Maintenance and Engineering, Security, and Telecommunications. He oversees all the building and renovations activities throughout the hospital complex. He first came to the Deaconess as a hospital administration intern, and joined the staff as director of administrative services. He was subsequently administrative assistant before becoming an assistant director in 1967.

"Since my arrival, I've been involved with the construction of Lowry, two parking garages, Meissner, Kennedy Hall, Shields Warren, and the additions to the Central — now the Farr — Building and the Cancer Research Institute. I've clearly been blessed with capable and effective department managers, and I know the people in the departments very well, both personally and in terms of their skills. The Deaconess has been a significant part of my life."

Hugh Sycamore, assistant director, (left) discusses the renovation of the Admitting area with Anthony Perfetti, assistant carpentry foreman.

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

news in brief

Penny Allen, R.D., clinicial dietitian, spoke on meal planning to the Juvenile Diabetes Foundation of New Hampshire.

Ann M. Bajart, M.D., ophthalmologist, has been appointed to the active staff in Surgery.

Richard J. Baptista, M.S., R.Ph., manager, Deaconess Home Health Care, made several presentations on nutrition support solutions to the Clinical Congress of the American Society of Parenteral and Enteral Nutrition.

James C. Bayley, M.D., orthopedic surgeon, has been appointed to the active staff in Surgery. A graduate of the NEDH surgical residency program, he specializes in spinal and back surgery.

LuAnn Bell, M.S., R.D., clinical dietitian, was selected as a 1986 Recognized Young Dietitian of the Year by the Massachusetts Dietetic Association.

Albert Bothe Jr., M.D., associate chairman of Surgery, and **Jacob J. Lokich, M.D.,** oncologist, codirected the annual NEDH/Harvard Medical School cancer course on interdisciplinary cancer treatment.

Christopher Clyne, M.D., third-year medical resident, received first prize in a national competition sponsored by the American College of Physicians for a study of methods for evaluating patients with suspected heart disease. Clyne presented the study — coauthored by **Keith Marton, M.D.,** chief of general medicine, and **Jeffrey Medeiros, M.D.,** former pathology resident — to the college's annual meeting.

Paola DeGirolami, M.D., director of microbiology, presented a study of a new system to identify urinary microorganisms to the annual meeting of the American Society for Microbiology. The study was coauthored by **Jody Siegel** and **Lisa Sigmund,** lab technicians, and **Karen Eichelberger,** laboratory supervisor. At the same meeting **Lawrence Nichols, M.D.,** pathology resident, presented a paper on cross-resistance induced by beta-lactams, coauthored by DeGirolami and lab technician **Marguerite Rizzo.**

Roy L. Freeman, M.D., neurologist, has joined the active staff in Medicine. A member of the neuropsychiatry team, Freeman specializes in general and behavioral neurology and also is on staff at Beth Israel Hospital.

Benjamin Gerson, M.D., director of clinical chemistry and diagnostic immunology, spoke on free drug monitoring to the metallobiochemistry study section of the National Institutes of Health (NIH).

Herbert Gramm, M.D., radiology, presented a paper on radiologic manifestations of small bowel toxicity due to fluoroxidine therapy to the annual meeting of the Society of Gastrointestinal Radiologists.

Jack Hawiger, M.D., chief of experimental medicine, gave the annual Patek lecture, sponsored by the Boston VA Medical Center and Tufts University, on anchoring and linking platelets after vessel injury. Hawiger also spoke on endothelial cell biology to a symposium on developments in basic science relating to heart, lung, and blood disease, sponsored by the NIH.

Marek Kloczewiak, Ph.D., senior research associate, received a new investigator research award from NIH for a study of how fibrin molecules interact to form fibrinogen in the process of blood clotting.

Robert A. Kane, M.D., radiologist, received the first Roscoe E. Miller Award from the Society of Gastrointestinal Radiologists for a paper on intraoperative ultrasound of the liver to monitor cryosurgery for metastatic colon cancer.

Robert Lees, M.D., chief of peripheral vascular disease, was appointed an ad hoc member of the NIH Metabolism Study Section. Lees also coauthored a chapter on non-invasive evaluation of extracranial cerebrovascular disease for a new textbook on stroke.

Keith Marton, M.D., chief of general medicine, was co-organizer and a speaker at a regional meeting of the Society for Research and Education in Primary Care Internal Medicine. Other NEDH speakers to the program — which addressed the challenge presented by AIDS to the general internist — were **Scott Hammer, M.D.,** infectious disease; **Douglas Horst, M.D.,** gastroenterology; and **Richard Rose, M.D.,** chief of pulmonary medicine.

Ernest S. Mathews, M.D., neurosurgeon, spoke on management and treatment of spinal disorders and brain tumors to The York (Maine) Hospital.

Robert C. Moellering, M.D., chairman, Department of Medicine, was Brainerd Lecturer and visiting professor of Medicine at the University of California at San Francisco Medical School.

Richard W. Nesto, M.D., cardiology, spoke on silent myocardial ischemia to the American College of Cardiology and the American College of Physicians.

Jamie Pope, M.S., R.D., clinical dietitian, spoke on diet and heart disease prevention to a group of British journalists studying American methods of reducing heart disease mortality.

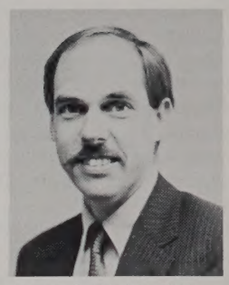
Paul Sesin, Pharm. D., R.Ph., coordinator of pharmacy clinical services, spoke on antibiotic treatment of respiratory tract infections to the Maine Society of Hospital Pharmacists, on home intravenous antibiotic therapy to the Maine Pharmaceutical Association, and on anti-pseudomonal beta-lactam antibiotics at Norfolk County Hospital in Braintree.

Michael Smalky, M.D., joined the active staff in Anaesthesia. He recently completed a fellowship in cardiac anesthesiology, based at Brigham and Women's Hospital.

Laureen Smith, R.N., B.S., MICU, spoke at a conference on nursing ethics sponsored by The Children's Hospital.

Guy Steele, director of Pastoral Care, presented a paper on maintaining autonomy in the face of disease at Berkshire Medical Center in Pittsfield.

Joanne Wade, M.S., R.D., director of Dietetics, has been named to the editorial board of *Nutrition in Clinical Practice.*



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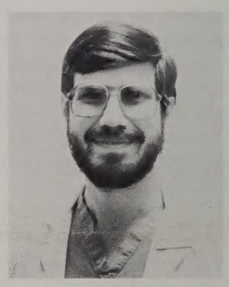
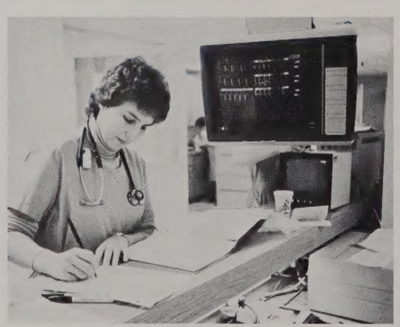


Michael Smalky, M.D.

MICU opens on Baker 5 (see page 3)



MICU nurse Cathy Purcell, R.N., updates a patient's chart near the central monitor, which displays vital information on all patients in the unit.

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185 Pilgrim Road
Boston, Massachusetts

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PULSE is published by the Public Relations Department, New England Deaconess Hospital, 185 Pilgrim Road, Boston, MA 02215, (617) 732-8046. Third Class Postage paid in Holliston, MA Permit (non-profit organization) No. 18.

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